

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402250666

Date Received:

11/30/2019

Spill report taken by:

ALLISON, RICK

Spill/Release Point ID:

469424

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Refer to COGCC Rule 906.b. for reporting requirements of spills or releases of E&P Waste or produced fluids. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>HIGHPOINT OPERATING CORPORATION</u>	Operator No: <u>10071</u>	Phone Numbers Phone: <u>(303) 2919100</u> Mobile: <u>()</u> Email: <u>rfrishmuth@hpes.com</u>
Address: <u>555 17TH ST STE 3700</u>		
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		
Contact Person: <u>Rusty Frishmuth</u>		

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 402250666

Initial Report Date: 11/29/2019 Date of Discovery: 11/29/2019 Spill Type: Recent Spill

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NWNE SEC 24 TWP 11N RNG 63W MERIDIAN 6

Latitude: 40.914400 Longitude: -104.377500

Municipality (if within municipal boundaries): _____ County: WELD

Reference Location:

Facility Type: WELL PAD Facility/Location ID No 444290

Spill/Release Point Name: CC Produced Water Spill No Existing Facility or Location ID No.

Number: _____ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.

Were Five (5) barrels or more spilled? Yes

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0 Estimated Condensate Spill Volume(bbl): 0

Estimated Flow Back Fluid Spill Volume(bbl): 0 Estimated Produced Water Spill Volume(bbl): >=5 and <100

Estimated Other E&P Waste Spill Volume(bbl): 0 Estimated Drilling Fluid Spill Volume(bbl): 0

Specify: _____

Land Use:

Current Land Use: OTHER Other(Specify): Oil and Gas Production Facility

Weather Condition: overcast/cold

Surface Owner: FEE Other(Specify): _____

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State Residence/Occupied Structure Livestock Public Byway Surface Water Supply Area

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

Water hauling company failed to close load out line valve, resulting in a produced water spill in containment.

List Agencies and Other Parties Notified:

OTHER NOTIFICATIONS

Date	Agency/Party	Contact	Phone	Response
11/29/2019	Weld County OEM	D. Burns	-	online reporting form
11/30/2019	Land Owner	on file	-	email/call

Was there a Grade 1 Gas Leak associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Grade 1 Gas Leak Report Form 44: _____

Was there a reportable accident associated with this E & P waste spill or release? Yes No

If YES, enter the Document Number of the Initial Accident Report, Form 22: _____

OPERATOR COMMENTS:

--

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Dustin Watt

Title: EHS Specialist Date: 11/30/2019 Email: dwatt@hpres.com

COA Type

Description

--	--

Attachment Check List

Att Doc Num

Name

402250666	SPILL/RELEASE REPORT(INITIAL)
402250923	FORM 19 SUBMITTED

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Environmental	Form 19 Supplemental Report is due December 9, 2019.	12/02/2019
---------------	--	------------

Total: 1 comment(s)